

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								10-049,223			
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.					IND.
1	1										
2	1										
3	2										
4	2										
5	2										
6	2-1										
7	16										
8	16-2										
9	26										
10	2-2										
11	20										
12	2-2										
13	20										
14	2-2										
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TOTAL IND.											
TOTAL DEP.	27										
TOTAL CLAIMS	28										